

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 533304

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	1					
2	1		1				52	1					
3		2		1			53	1					
4							54	1					
5	1		1				55	1					
6	1		1				56	1					
7	1		1				57	1					
8		1		1			58	1					
9		1					59	5					
10		1		1			60	5					
11	1			1			61	1	1				
12		1		1			62	1					
13		1		1			63	1					
14		1		1			64	1					
15		1		1			65	4					
16		1		1			66	4					
17		1		1			67						
18							68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		4		4			78						
29		4		4			79						
30		4		4			80						
31		4		4			81						
32		4		4			82						
33		4		4			83						
34		4		4			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		6		12			99						
50		6		12			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	↓	6	↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.	←	110	←		←	
TOTAL CLAIMS							TOTAL CLAIMS		116				